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(Requestor's Name)			
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PICK-UP WAIT MAIL			
THEREOF TANAL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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T. HAMPTON APR 2 8 2009

EXAMINER

'COVER LETTER

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TO:	Registration Section Division of Corporations	
SUBJE	ECT: 1080 Alton Road, LLC	CLI II LIVE O
	(Name of	f Limited Liability Company)
Dear S	ir or Madam:	
The end	closed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the following:
Alvaro C	Castillo	
	(Name of Person)	
Castillo	& Associates (Firm/Company)	
1390 Br	rickell Avenue Suite 200	
	(Address)	
Miami, I	Florida 33131	
	(City/State and Zip Code)	
For furt	ther information concerning this matter	, please call:
Alvaro C		at (<u>305</u>) <u>371-5540</u>
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
!	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
[☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR EIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statute's, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 Na	me of the limited liability company: 1080 Alton	Road I I C
	• • •	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 1080 Alton Road Miami Beach, Florida 33139
	(NOIE: MUST BE STREET ADDRESS)	Wildriff Beach, Florida 33139
(1.)	NA 12 11 012 12 12 12 12 12 12 12 12 12 12 12 12 1	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1080 Alton Road Miami Beach, Florida 33139
	(<u></u>	The state of the s
06/10/	2002	L02000014457
3. Da	te of filing/registration in Florida	4. Document number
5 (a)	Registered Agent and Registered Office shown on	the records of the Florida Dent of State:
J. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State.
	Registered Agent:	Alvaro Castillo B. P.A.
	Registered Office Address:	1390 Brickell Avenue
		Suite : 200
		Miami, FL 33131
(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office address:
(0)		
	NEW Registered Agent:	Bratter Krieger Law Group, LLP
	NEW Registered Office Address:	500 South Pointe Drive
	(MUST BE FLORIDA STREET ADDRESS)	Suite 230
		Miami Beach,FL_33139
that af office hereby liabilit	limited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company for as otherwise provided in the articles of the company.	et address of the registered office and the business
(Signatu	re of a member or authorized representative of a member)	-
Hector	Rolotti	
	or typed name of signee)	_
I here compl am fai F.S. (confiri	by accept the appointment as registered agent and a with the provisions of all statutes relative to the privile with the provisions of all statutes relative to the privile with and accept the obligations of my position or, if this document is being filed to merely reflect a mention that the limited habitly company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
	! MUW//	
(Signati	are of Registered Agent)	APR SEE 32314
	Division of Corporations, P.O. Box	N ST
	FILING FEE	.: 323.00 ー のでき